



## The Community Partnership for the Prevention of Homelessness Complaint Form

The Community Partnership for the Prevention of Homelessness will follow up with complaints within 48 hours or the next business day of the complaint. Should you have any questions about the process please contact us directly by phone or email.

So that we may properly investigate your concerns you are requested to fill out this form as completely as possible. Please use the additional sheets if need.

Please describe in as much details as possible the nature of your complaint. Provide or identify all known persons and witness to your concern and supply supporting documents if you have them.

You are able to submit this form by email, in person, or with a TCP staff member over the phone.

**Submit By Email:** [feedback@community-partnership.org](mailto:feedback@community-partnership.org)

**Submit By Phone:** 202- 543-5298

**Submit In Person:** 801 Pennsylvania Ave SE Suite 360, Washington DC 20003

*Please contact TCP by phone to speak with a staff member if you require assistance completing this form*

### Contact Information

Name:

Date:

Phone number:

Time:

Email:

Agency:

Client

Advocate

Provider

Other

Check here if you would like to remain anonymous

### Type of Complaint

Maintenance

Health and Safety

Violation of Company Policies

Sexual Harassment

Violation of Safety Rules

Rudeness to Client /Coworkers

Other: \_\_\_\_\_

### Details

Have you previously reported and/or addressed this complaint prior to today with your provider/client/employee?

Yes No (If yes, please provide details in the additional information section.)

Date previously reported:

How was your complaint reported:

Email

Phone

In Person

Was your complaint previously address by TCP? Yes No

If yes, when? \_\_\_\_\_

### Acknowledgment

By signing this form you confirm that all information stated is true to your knowledge. You also confirm The Community Partnership for the Prevention of Homelessness has authorization to investigate your complaint based on the information provided.

Signature

Date

Witness Signature

Date



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### **Additional Information**

**Use this section for any additional information regarding your complaint and attach them to the completed form. Provide as much information as possible.**